### FORM DEC Mall Processing Section

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## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

14	04	608
OME	APPRO	OVAL
OMB Num	nber:	3235-0076
Expires: Estimated	May 3	31,2008
Estimated	averag	e burden d
hours per	respons	e16.00

SEC USE ONLY					
Prefix Se					
DATE RECEIVED					
1	1				

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Terrabon 2008 Offering  Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ Section 4(6)	<b>☑</b> ULOF
Type of Filing: New Filing Amendment	THE WATER OF THE PARTY OF THE P
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	i nami arraciani arik aran daki laan daki laan dalik lah dali
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	08047779
Terrabon, L.L.C.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
	(281) 378-8073
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Technology for renewable energy products.	DDOOFOORB
T. Chairm Out in the	PROCESSED
Type of Business Organization    corporation   limited partnership, already formed   other (p)	lease specify):
E training time	lity Company JUN 0 3 2008
Month Year	THOMSON REUTER
Actual or Estimated Date of Incorporation or Organization: 06 95 Actual Estim Estim Estim Estim Iurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	110000
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for se ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	ecurities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unlessigning of a federal notice.	

	A. BASIC IDENTIFICATION DATA								
2. Enter the information requested for the fo	. Enter the information requested for the following:								
• Each promoter of the issuer, if the is	Each promoter of the issuer, if the issuer has been organized within the past five years;								
<ul> <li>Each beneficial owner having the pov</li> </ul>	er to vote or dispose, or di	ect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.					
Each executive officer and director of	f corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and					
Each general and managing partner of	f partnership issuers.								
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)	··		<u>.</u>						
Ogden Chaparral Limited Partnership									
Business or Residence Address (Number and 20333 State Highway 249, Suite 200 Ho	•	ode)							
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)				······································					
Betty Lee Carrabba									
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)	.,,	· · · · · · · · · · · · · · · · · · ·					
20333 State Highway 249, Suite 200 Hou	ston, TX 77070	_							
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Carrabba Brothers Partnership		· · · · · · · · · · · · · · · · · · ·							
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)		· · · · · · · · · · · · · · · · · · ·					
20333 State Highway 249, Suite 200 Hou	ıston, TX 77070								
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)		<del>.</del>							
Carrabba Brothers Ltd									
Business or Residence Address (Number and 20333 State Highway 249, Suite 200 Ho	Street, City, State, Zip Couston, TX 77070	ode)							
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Gary W. Luce									
Business or Residence Address (Number and 20333 State Highway 249, Suite 200 Ho	Street, City, State, Zip Couston, TX 77070	ode)							
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual) David Carrabba									
Business or Residence Address (Number and 20333 State Highway 249, Suite 200 Ho	Street, City, State, Zip Couston, TX 77070	ode)							
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)  Mark Carrabba			,						
Business or Residence Address (Number and	Street, City, State. Zin Co	ode)							
20333 State Highway 249, Suite 200 Houston, TX 77070									

2. Enter the information re	quested for the fol	llowing:			1
	•	_	vithin the past five years;		
Each beneficial ow	ner having the pow	er to vote or dispose, or di	irect the vote or disposition	of, 10% or more of	a class of equity securities of the iss
Each executive off	icer and director o	f corporate issuers and of	corporate general and ma	naging partners of	partnership issuers; and
<ul> <li>Each general and r</li> </ul>	nanaging partner o	f partnership issuers.			
Theck Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, i limmy Buttry	f individual)	·· · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
usiness or Residence Addre 20333 State Highway 24		Street, City, State, Zip Custon, TX 77070	ode)		
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
uli Name (Last name first, i George Georgiades	f individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addre 0333 State Highway 249			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Ernest Bruchez	f individual)				
Business or Residence Addre 20333 State Highway 249	-		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	odc)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first,	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
full Name (Last name first, i	findividual) .				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
	(Use bla	nk sheet, or copy and use	additional copies of this s	sheet, as necessary)	· · · · · · · · · · · · · · · · · · ·

				B. I	NFORMATI	ON ABOU	T OFFERI	NG				
1 Hog th	Here the insure cold are done the insurer intend to call to non-negradited investors in this offering?								Yes	No		
I. Has th	<ul> <li>Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?</li> <li>Answer also in Appendix, Column 2, if filing under ULOE.</li> </ul>								L,i	X		
2. What i	s the minim	um investn					_				s 25,	00.00
•											Yes	No
	he offering										K	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name	(Last name	first, if ind	ividual)									
Business or	Residence	Address (N	lumber and	Street, Ci	ity, State, Z	ip Code)						
1660 Interr				n, VA 221	02							
Name of As		roker or De	aler									
States in W		Listed Has	s Solicited	or Intends	to Solicit I	Purchasers	<u> </u>			<del> </del>		
	"All States								•••••		☐ Al	l States
[AL]	ĀK	AZ	AR	CA	CO	(CT)	DE	DC	FL	GA	HI	ĪD
IL MT	IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)	_	·							
Business o	r Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Name of A	ssociated B	roker or De	aler									
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			·			
(Check	"All State:	s" or check	individual	States)		***************************************	•••••••	••••••	*************		☐ Al	l States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (1	Number an	d Street, C	City, State, Z	Zip Code)		•••				to de la constante de la const
Name of Associated Broker or Dealer												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States)								l States				
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

١.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ 15,500,000.00	
	Convertible Securities (including warrants)		4 275 000 00
	Partnership Interests		
	Other (Specify)		
	Total	\$	\$_1,575,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 1,375,000.00
	Non-accredited Investors	<u>o</u>	\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	<del></del>	\$_1,000.00
	Legal Fees	_	<b>\$</b> 50,000.00
	Accounting Fees	_	\$ 45,000.00
	Engineering Fees	<del></del>	\$
	Sales Commissions (specify finders' fees separately)		\$ 1,000,000.00
	Other Expenses (identify) FedEx and postage	_	\$ 1,000.00
	Total		£ 1,097,000.00

	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSES AND USE	E OF PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proseeds to the issuer."	- Question 4.a. This difference is the "adjusted	gross	\$16,403,000.00
5.	,Indicate below the amount of the adjusted gross preeach of the purposes shown. If the amount for archeck the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimat of the payments listed must equal the adjusted	e and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ 0.00	s 0.00
	Purchase of real estate		_	\$ 0.00
	Purchase, rental or leasing and installation of made and equipment	chinery	<u>\$</u> 0.00	\$0.00
	Construction or leasing of plant buildings and fac-	cilities	🗀 \$ <u>0.00</u>	\$ <u>12,250.00</u>
	Acquisition of other businesses (including the val offering that may be used in exchange for the assissuer pursuant to a merger)	ets or securities of another	\$ 0.00	0.00
	Repayment of indebtedness			\$ 0.00
	Working capital			\$16,389,650.00
	Other (specify): Research		[ \$_0.00	_ \$_1,100.00
			 \$	\$
	Column Totals		<u>\$</u> 0.00	\$ 16,403,000.00
	Total Payments Listed (column totals added)		[ \$_10	6,403,000.00
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Co	ommission, upon writte	
ss	uer (Print or Type)	Signature	Date	***
Τe	errabon, L.L.C.	1 /h LXX	5-23-08	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Chi	istopher A. Colvert	General Counsel to Terrabon, L.L.C.		
		<u> </u>		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)